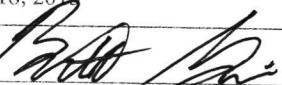


UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA			FOR COURT USE ONLY DUE DATE:		
TRANSCRIPT DESIGNATION AND ORDERING FORM					
1. NAME BRETT L. GIBBS		2. PHONE NUMBER 415-381-3104		3. DATE 6/17/2913	
4. FIRM NAME: n/a		5. E-MAIL ADDRESS: brett.gibbs@gmail.com			
6. MAILING ADDRESS 28 Altamont Avenue		7. CITY Mill Valley		8. STATE CA	9. ZIP CODE 94941
10. CASE NUMBER 2:12-cv-08333-ODW-JC		11. CASE NAME Ingenuity13 LLC v. John Doe		12. JUDGE Otis D. Wright, II	
13. APPEAL CASE NUMBER 13-55871		14. ORDER FOR <input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> AUSA <input type="checkbox"/> FPD <input type="checkbox"/> OTHER			
15. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) Attach additional page for designations if necessary.					
HEARING DATE	COURT REPORTER	PROCEEDINGS			
March 11, 2013	Katie Thibodeaux	<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY): OSC Evidentiary Hearing			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY): OSC Evidentiary Hearing			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
		<input type="checkbox"/> VOIR <input type="checkbox"/> OPENING <input type="checkbox"/> SETTLEMENT <input type="checkbox"/> CLOSING <input type="checkbox"/> JURY <input type="checkbox"/> DIRE <input type="checkbox"/> STATEMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> ARGUMENTS <input type="checkbox"/> INSTRUCTIONS <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> OTHER <input type="checkbox"/> PROCEEDINGS <input type="checkbox"/> (PLEASE SPECIFY):			
16. ORDER: IF ORDERING BOTH PAPER AND ELECTRONIC COPIES, THERE WILL BE AN ADDITIONAL CHARGE.					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FORMAT			
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/> PAPER COPY <input type="checkbox"/> <input type="checkbox"/> PDF FORMAT <input checked="" type="checkbox"/> <input type="checkbox"/> ASCII FORMAT <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/>			
14 DAYS	<input type="checkbox"/>				
7 DAYS	<input type="checkbox"/>				
DAILY	<input type="checkbox"/>				
HOURLY	<input type="checkbox"/>	FOR ADDITIONAL COPIES, CONTACT COURT REPORTER <u>OR TRANSCRIPTION AGENCY</u>			
REAL TIME	<input type="checkbox"/>	19. Transcription agency for digitally recorded proceedings:			
(CERTIFICATION 17 & 18)		20. Month: June Day: 18 Year: 2013			
By signing the below, I certify that I will pay all charges (deposit plus additional).		Transcript payment arrangements were made with: Court Reporter			
17. DATE: June 18, 2013		NAME OF OFFICIAL: Katie Thibodeaux			
18. SIGNATURE: 		Payment of estimated transcript fees were sent on the following date: Month: June Day: 18 Year: 2013			
G-120 (09/12)					